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BIBDATASHEET

CONFIRMATION NO. 2942

Bib Data Sheet

SERIAL NUMBER 09/602,665	FILING DATE 06/26/2000 RULE	CLASS 709	GROUP ART UNIT 2154	ATTORNEY DOCKET NO. 99-308										
APPLICANTS Majid Mir, Irving, TX;														
** CONTINUING DATA ***** This appln claims benefit of 60/141,919 06/30/1999														
** FOREIGN APPLICATIONS *****														
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 08/14/2000														
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; border-bottom: 1px solid black;"> Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Verified and Acknowledged </td> <td style="width: 20%; border-bottom: 1px solid black; text-align: center;"> STATE OR COUNTRY TX </td> <td style="width: 10%; border-bottom: 1px solid black; text-align: center;"> SHEETS DRAWING 7 </td> <td style="width: 10%; border-bottom: 1px solid black; text-align: center;"> TOTAL CLAIMS 12 </td> <td style="width: 10%; border-bottom: 1px solid black; text-align: center;"> INDEPENDENT CLAIMS 4 </td> </tr> <tr> <td colspan="5" style="border-bottom: 1px solid black; text-align: center;"> Examiner's Signature _____ Initials _____ </td> </tr> </table>					Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Verified and Acknowledged	STATE OR COUNTRY TX	SHEETS DRAWING 7	TOTAL CLAIMS 12	INDEPENDENT CLAIMS 4	Examiner's Signature _____ Initials _____				
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Examiner's Signature _____ Initials _____														
ADDRESS 26161 FISH & RICHARDSON PC 225 FRANKLIN ST BOSTON , MA 02110														
TITLE Methods and systems for managing network infrasture change including obtaining approval for the network infrastructure changes														
FILING FEE RECEIVED 898	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:													
<table style="width: 100%; border-collapse: collapse;"> <tr><td><input type="checkbox"/> All Fees</td></tr> <tr><td><input type="checkbox"/> 1.16 Fees (Filing)</td></tr> <tr><td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td></tr> <tr><td><input type="checkbox"/> 1.18 Fees (Issue)</td></tr> <tr><td><input type="checkbox"/> Other _____</td></tr> <tr><td><input type="checkbox"/> Credit</td></tr> </table>					<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit				
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